FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporatio	MENT # N94000	0003196 (2)		
ASOCIACION PERUANA DE BROWARD, INC.				
Principal Plac	e of Business	Mailing Address		L TOURNUS DIE LERAT BEDAL DUNG BEING BERKE BARDE DIE HERE DURKE DARK DER HERE
1007 N FEDERAL HWY 1007 N FEDERAL HWY				3. Date Incorporated or Qualified
#241 #241 #241 FORT LAUDERDALE FL 33304-1437 FORT		#241 FORT LAUDERDALE FL 333	M \$497	06/28/1994
US		US	D4-1437	4. FEI Number Applied For
2. Principal P	lace of Business	2a. Mailing Address		65-0494069 Not Applicab
21		26		5. Certificate of Status Desired Section Section 5. Sec
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Election Campaign Financing \$5.00 May Be
City & State		City & State		Trust Fund Contribution Added to Fees
23	•	28		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
CAA				CARLOS A. FLORES
AREVALO, MARIA 200 HW 65TH-PERRACE			82 Street	t Address (P.O. Box Number is Not Acceptable) 4 Apt. 1124
APT. 302			83	
DIAMATION EL 22217			84 City	B5 Zip Code
74-5				FORT LAUGIRONIUM FL 33104
office or r	egistered agent, or both, in the State of	and 617.1508, Florida Statute Florida. Such change was au	s, the above-named thorized by the cor	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
į.	m tamiyaçıvith, and accept the obligat	ons of Section 617.0503, Flor	ida Statutes.	3/24/98
SIGNATURE	Signature, typed of printed name of registered signific	and title if applicable. (NOTE:	Registered Agent signature	re required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	PT Flores, Carlos A	DELETE	1.1 TITLE	CAR(OS BALAREZO Change Additio
STREET ADDRESS	116 N FEDERLA HWY APT 112	A.	1.2 NAME 1.3 STREET ADDRESS	I A A BASANTAINS ART F 1001
CITY-ST-ZIP	FT LAUDERDA;E FL	•	1.4 City-ST-ZIP	HALLANDALE, FL
TITLE	DVP	DELETE	2.1 TITLE	TTD Change Addition
NAME	BALAREZO, CARLOS		2.2 NAME	landina A Classe
STREET ADDRESS	2049 S OCEAN DR APT E-100		2.3 STREET ADDRESS	1160 M. PEDERAL NWY Apt. 1124 Fort Lau Derpais, PC. 38804
CITY-ST-ZIP TITLE	HALLANDALE FL SDT	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	
NAME	BRINGAS, ROCIO G	becare		
STREET ADDRESS	\$05 PINE ISLAND ROAD		3.3 STREET ADDRESS	1200 N.W. 63 - CERRICE
CITY-ST-ZIP	PLANTATION FL		3.4. CITY-ST-ZIP	Plantation, FC.
TITLE	TTD	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	AREVALO, MARIA A		4. 2 NAME	
STREET ADDRESS	20 0 N.W. 65TH TERRACE PLANTATION FL		4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	VPD	☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	☐ Change ☐ Addition
NAME	CHONG, GRACIELA	 · · ·	5.2 NAME	
STREET ADDRESS	7050 NW 4TH ST STE 206		5.3 STREET ADDRESS	
CITY-ST-ZIP	P LANTATION FL		5.4 CITY-ST-ZIP	
TITLE	Ö	DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	TOLEDO, ROSARIO		6.2 NAME	
STREET ADDRESS	288 NW 69TH AVE APT 171		6.3 STREET ADDRESS	

CITY-ST-ZIP

PLANTATION FL

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

CICALATURE:

CICALATURE:

CICALATURE:

64 CITY-ST-ZIP

64 CITY-ST-ZIP

65 CITY-ST-ZIP

65 CITY-ST-ZIP

66 CITY-ST-ZIP

67 CITY-S